Public Law 104–313
104th Congress

An Act

To amend the Indian Health Care Improvement Act to extend the demonstration program for direct billing of Medicare, Medicaid, and other third party payers.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; REFERENCE.

(a) SHORT TITLE.—This Act may be cited as the “Indian Health Care Improvement Technical Corrections Act of 1996”.

(b) REFERENCES.—Whenever in this Act an amendment or repeal is expressed in terms of an amendment to or repeal of a section or other provision, the reference shall be considered to be made to a section or other provision of the Indian Health Care Improvement Act.

SEC. 2. TECHNICAL CORRECTIONS IN THE INDIAN HEALTH CARE IMPROVEMENT ACT.

(a) DEFINITION OF HEALTH PROFESSION.—Section 4(n) (25 U.S.C. 1603(n)) is amended—

(1) by inserting “allopathic medicine,” before “family medicine”; and

(2) by striking “and allied health professions” and inserting “an allied health profession, or any other health profession”.

(b) INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.—Section 104(b) of the Indian Health Care Improvement Act (25 U.S.C. 1613a(b)) is amended—

(1) in paragraph (3)—

(A) in subparagraph (A)—

(i) by striking the matter preceding clause (i) and inserting the following:

“(3)(A) The active duty service obligation under a written contract with the Secretary under section 338A of the Public Health Service Act (42 U.S.C. 254l) that an individual has entered into under that section shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice, by service—”;

(ii) by striking “or” at the end of clause (iii); and

(iii) by striking the period at the end of clause (iv) and inserting “; or”;

(B) by redesignating subparagraphs (B) and (C) as subparagraphs (C) and (D), respectively;

(C) by inserting after subparagraph (A) the following new subparagraph:

“(B) At the request of any individual who has entered into a contract referred to in subparagraph (A) and who receives a
degree in medicine (including osteopathic or allopathic medicine),
dentistry, optometry, podiatry, or pharmacy, the Secretary shall
deffer the active duty service obligation of that individual under
that contract, in order that such individual may complete any
internship, residency, or other advanced clinical training that is
required for the practice of that health profession, for an appropriate
period (in years, as determined by the Secretary), subject to the
following conditions:
“(i) No period of internship, residency, or other advanced
clinical training shall be counted as satisfying any period of
obligated service that is required under this section.
“(ii) The active duty service obligation of that individual
shall commence not later than 90 days after the completion
of that advanced clinical training (or by a date specified by
the Secretary).
“(iii) The active duty service obligation will be served in
the health profession of that individual, in a manner consistent
with clauses (i) through (v) of subparagraph (A).”;
(D) in subparagraph (C), as so redesignated, by striking
“prescribed under section 338C of the Public Health Service
Act (42 U.S.C. 254m) by service in a program specified
in subparagraph (A)” and inserting “described in subpara­
graph (A) by service in a program specified in that subpara­
graph”;
and
(E) in subparagraph (D), as so redesignated—
(i) by striking “Subject to subparagraph (B),” and
inserting “Subject to subparagraph (C),”; and
(ii) by striking “prescribed under section 338C of
the Public Health Service Act (42 U.S.C. 254m)” and
inserting “described in subparagraph (A)”;
(2) in paragraph (4)—
(A) in subparagraph (B), by striking the matter preced­
ing clause (i) and inserting the following:
“(B) the period of obligated service described in paragraph
(3)(A) shall be equal to the greater of—”;
and
(B) in subparagraph (C), by striking “(42 U.S.C.
254m(g)(1)(B))” and inserting “(42 U.S.C. 254l(g)(1)(B))”;
and
(3) in paragraph (5), by adding at the end the following
new subparagraphs:
“(C) Upon the death of an individual who receives an Indian
Health Scholarship, any obligation of that individual for service
or payment that relates to that scholarship shall be canceled.
“(D) The Secretary shall provide for the partial or total waiver
or suspension of any obligation of service or payment of a recipient
of an Indian Health Scholarship if the Secretary determines that—
“(i) it is not possible for the recipient to meet that obligation
or make that payment;
“(ii) requiring that recipient to meet that obligation or
make that payment would result in extreme hardship to the
recipient; or
“(iii) the enforcement of the requirement to meet the obliga­
tion or make the payment would be unconscionable.
“(E) Notwithstanding any other provision of law, in any case
of extreme hardship or for other good cause shown, the Secretary
may waive, in whole or in part, the right of the United States
to recover funds made available under this section.
“(F) Notwithstanding any other provision of law, with respect to a recipient of an Indian Health Scholarship, no obligation for payment may be released by a discharge in bankruptcy under title 11, United States Code, unless that discharge is granted after the expiration of the 5-year period beginning on the initial date on which that payment is due, and only if the bankruptcy court finds that the nondischarge of the obligation would be unconscionable.”


(d) EXTENSION OF CERTAIN DEMONSTRATION PROGRAM.—Section 405(c)(2) (25 U.S.C. 1645(c)(2)) is amended by striking “September 30, 1996” and inserting “September 30, 1998”.  

(e) GALLUP ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTER.—Section 706(d) (25 U.S.C. 1665e(d)) is amended to read as follows:  

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated, for each of fiscal years 1996 through 2000, such sums as may be necessary to carry out subsection (b).”


Approved October 19, 1996.

LEGISLATIVE HISTORY—H.R. 3378 (S. 1869):

HOUSE REPORTS: No. 104–742, Pt. 1 (Comm. on Resources).  
SENATE REPORTS: No. 104–346 accompanying S. 1869 (Comm. on Indian Affairs).  
CONGRESSIONAL RECORD, Vol. 142 (1996):  
Sept. 4, considered and passed House.  
Sept. 19, considered and passed Senate, amended.  
Sept. 27, House concurred in Senate amendment with an amendment.  
Oct. 3, Senate concurred in House amendment.